

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

ACT NOW PAC INC

ADDRESS (number and street)

PO BOX 204

☐Check if different
than previously
reported. (ACC)

NEW YORK

NY

10014

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00422485

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Andrew Weinstein

Signature of Treasurer

Electronically Filed by Andrew Weinstein

Date

01

16

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
ACT NOW PAC INC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		10680.22
(b) Cash on Hand at Beginning of Reporting Period	8443.95	
(c) Total Receipts (from Line 19)	5087.06	7565.23
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13531.01	18245.45
7. Total Disbursements (from Line 31)	4177.26	8891.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9353.75	9353.75
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
ACT NOW PAC INC

Report Covering the Period:

From:

M M D D Y Y W Y
0 7 0 1 2 0 0 7

To:

M M D D Y Y W Y
1 2 3 1 2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1675.00	1875.00
(i) Itemized (use Schedule A)	3300.00	5424.00
(ii) Unitemized	4975.00	7299.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	4975.00	7299.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	112.06	266.23
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5087.06	7565.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5087.06	7565.23

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3940.31	8119.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	3940.31	8119.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	186.95	186.95
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	50.00	585.39
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4177.26	8891.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4177.26	8891.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4975.00	7299.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4975.00	7299.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3940.31	8119.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3940.31	8119.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)

Goran Erik Hansell

Mailing Address 145 Central Park West

City

NY

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.5266

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard J. Raskin

Mailing Address 2400 N. Lakeview
#2905

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.5257

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Raymond Schrag

Mailing Address 219 W. 81st St.
Apt 10D

City

NY

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.5206

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)

Lois Wolf

Mailing Address 239 Central Park West

City

NY

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Psychoanalyst

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	7

Transaction ID: SA11AI.5231

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

1675.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)

Vanguard Group

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.91

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: SA17.5270

Amount of Each Receipt this Period

18.21

B.

Full Name (Last, First, Middle Initial)

Vanguard Group

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.95

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA17.5271

Amount of Each Receipt this Period

18.04

C.

Full Name (Last, First, Middle Initial)

Vanguard Group

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.26

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA17.5272

Amount of Each Receipt this Period

16.31

SUBTOTAL of Receipts This Page (optional)

52.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)

Vanguard Group

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

266.23

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA17.5273

Amount of Each Receipt this Period

15.97

SUBTOTAL of Receipts This Page (optional)

15.97

TOTAL This Period (last page this line number only)

68.53

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Half & Half Studio</p> <p>Mailing Address 248 24th Street 3rd Floor</p> <p>City Brooklyn State NY Zip Code 11215</p> <p>Purpose of Disbursement Web Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5123</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 2250.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Intellicontact</p> <p>Mailing Address 2635 Meridian Pkwy Suite 100</p> <p>City Durham State NC Zip Code 27713</p> <p>Purpose of Disbursement List Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5118</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 87.20</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Intellicontact</p> <p>Mailing Address 2635 Meridian Pkwy Suite 100</p> <p>City Durham State NC Zip Code 27713</p> <p>Purpose of Disbursement List Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5127</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 87.20</p>

SUBTOTAL of Disbursements This Page (optional)

2424.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Intellicontact</p> <p>Mailing Address 2635 Meridian Pkwy Suite 100</p> <p>City Durham State NC Zip Code 27713</p> <p>Purpose of Disbursement List Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5134</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 87.20</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Intellicontact</p> <p>Mailing Address 2635 Meridian Pkwy Suite 100</p> <p>City Durham State NC Zip Code 27713</p> <p>Purpose of Disbursement List Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5150</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 87.20</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Intellicontact</p> <p>Mailing Address 2635 Meridian Pkwy Suite 100</p> <p>City Durham State NC Zip Code 27713</p> <p>Purpose of Disbursement List Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5156</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 87.20</p>

SUBTOTAL of Disbursements This Page (optional)

261.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Intellicontact</p> <p>Mailing Address 2635 Meridian Pkwy Suite 100</p> <p>City Durham State NC Zip Code 27713</p> <p>Purpose of Disbursement List Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5167</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 3 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>87.20</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sandler, Reiff & Young, PC</p> <p>Mailing Address 50 E Street, SE Suite 300</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Legal Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5131</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>360.00</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) TransFirst</p> <p>Mailing Address 12120 Shamrock Plaza</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5137</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>20.22</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

467.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A. Full Name (Last, First, Middle Initial) TransFirst	Transaction ID: SB21B.5130 Date of Disbursement
Mailing Address 12120 Shamrock Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 7</div> </div>
City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees Candidate Name	<div> <div>19.95</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TransFirst	Transaction ID: SB21B.5152 Date of Disbursement
Mailing Address 12120 Shamrock Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 3 / 2 0 0 7</div> </div>
City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees Candidate Name	<div> <div>38.86</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TransFirst	Transaction ID: SB21B.5158 Date of Disbursement
Mailing Address 12120 Shamrock Plaza	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 5 / 2 0 0 7</div> </div>
City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees Candidate Name	<div> <div>51.91</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

110.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)
TransFirst

Mailing Address 12120 Shamrock Plaza

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5170

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.16

SUBTOTAL of Disbursements This Page (optional)

27.16

TOTAL This Period (last page this line number only)

3291.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A. Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: SB23.5141 Date of Disbursement																				
Mailing Address 1211 Avenue of the Americas	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	6		2	0	0	7												
City New York State NY Zip Code 10036	Amount of Each Disbursement this Period																				
Purpose of Disbursement Copies	<table border="1"> <tr> <td>15.17</td> </tr> </table>	15.17																			
15.17																					
Candidate Name THOMAS H ALLEN	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: SB23.5145 Date of Disbursement																				
Mailing Address 1211 Avenue of the Americas	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	7												
City New York State NY Zip Code 10036	Amount of Each Disbursement this Period																				
Purpose of Disbursement Copies	<table border="1"> <tr> <td>6.50</td> </tr> </table>	6.50																			
6.50																					
Candidate Name THOMAS H ALLEN	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kennedy, Jennik & Murray	Transaction ID: SB23.5171 Date of Disbursement																				
Mailing Address 113 University Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	3		2	0	0	7												
City New York State NY Zip Code 10003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone Bank Rental	<table border="1"> <tr> <td>31.19</td> </tr> </table>	31.19																			
31.19																					
Candidate Name THOMAS H ALLEN	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

52.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 ACT NOW PAC INC

A. Full Name (Last, First, Middle Initial) Laura Morrison	Transaction ID: SB23.5146 Date of Disbursement
Mailing Address 80 Eighth Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 8 / 2 0 0 7</div> </div>
City New York State NY Zip Code 10011	Amount of Each Disbursement this Period
Purpose of Disbursement Phone Bank Rental	<div> <div></div> <div>30.47</div> </div>
Candidate Name THOMAS H ALLEN	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Laura Morrison	Transaction ID: SB23.5161 Date of Disbursement
Mailing Address 80 Eighth Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 3 / 2 0 0 7</div> </div>
City New York State NY Zip Code 10011	Amount of Each Disbursement this Period
Purpose of Disbursement Phone Bank Rental	<div> <div></div> <div>68.07</div> </div>
Candidate Name THOMAS H ALLEN	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) UPS Store	Transaction ID: SB23.5139 Date of Disbursement
Mailing Address 132 E. 43rd Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 7</div> </div>
City New York State NY Zip Code 10017	Amount of Each Disbursement this Period
Purpose of Disbursement Copies	<div> <div></div> <div>28.00</div> </div>
Candidate Name THOMAS H ALLEN	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

126.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)
US Postal Service

Mailing Address Village Station

City State Zip Code
New York NY 10014

Purpose of Disbursement
Postage

Candidate Name
THOMAS H ALLEN

Office Sought: ☐ House
☒ Senate
☐ President

State: ME District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.5148

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

7.55

SUBTOTAL of Disbursements This Page (optional)

7.55

TOTAL This Period (last page this line number only)

186.95

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)
American Cancer Society

Mailing Address PO Box 22718

City Oklahoma City State OK Zip Code 73123

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.5163

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

50.00